

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, PACIFIC TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

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STATE OF HAWAII STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PARTI LOBBYIST				
NAME(Last)	(First)	(Middle)	TELEPHONE	
MORRIS	GEORGE "RED"	A.	808/531-4551	
MAILING ADDRESS (Street)			FAX	
222 SOUTH VINEYARD STREET, SUITE 401			808/533-4601	
(City)	(State)	(Zip	(Zip Code)	
HONOLULU	HAWAII	96813-	813-2453	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE	
CAPITOL CONSULTANTS OF HA	808/531-4551			
MAILING ADDRESS (Street)	FAX			
222 SOUTH VINEYARD STREET	808/533-4601			
(City)	(State)	(Zip	Code)	
HONOLULU	HAWAII	96813	3-2453	

PART II ORGANIZATIO	N	4		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE 917-522-3250	
ENTERTAINMENT SOFTWARE	ASSOCIATION			
MAILING ADDRESS (Street)			FAX 917-522-3258	
317 MADISON AVENUE, 22 ND F	LOOR			
(City)	(State)	(Zip	(Zip Code)	
NEW YORK	NY	10017		
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE 808-531-4551	
MELODY BUTAY DACANAY				
MAILING ADDRESS (Street)			FAX 808-533-4601	
222 SOUTH VINEYARD STREE	T, SUITE 401			
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(City)	(State)	(Zip Co	(Zip Code)	
HONOLULU	HI	96813	-2453	
PART III DESCRIPTION	OF SUBJECTS UPON WHIC	H YOU EXPECT TO LOBBY		
[] Agriculture				
[] Agriculture	[] Education	[] Human Services	[] Science, Technology & Economic Development	
[] Communications & Public Utilities	[X] Government Operations & Finance	[X] Intergovernmental Relations, International Affairs	[] Tourism & Recreation	
[] Consumer Protection & Commerce	[] Hawaiian Affairs	[Labor & Employment	[] Transportation	
[X] Culture, Arts, Historic Preservation	[] Health	[] Planning, Land & Water Use Management	[] Other: (indicate below)	
[] Ecology, Energy Environmental Protection	[] Housing	[] Public Safety & Corrections		
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	N OF LOBBYIST	is, to the best of my knowledge	e correct and complete	
/ //0/029 00/11/9 11/41 11/6		is, to the boot of my thromough	1/21/07	
	(Signature of Lobbyist)		(Date)	
PART V AUTHORIZATION	ON TO LOBBY			
NAME		TITLE OF AUTHORIZING OFFIC	CER OR PERSON REPRESENTED	
GAIL MARKELS		SENIOR VICE PRESIDE	NT/GENERAL COUNSEL	
NAME OF ORGANIZATION (if ap	plicable)	T	ELEPHONE 917-522-3250	
ENTERTAINMENT SOFTWARE A	ASSOCIATION			
MAILING ADDRESS (Street)		F	FAX 917-522-3258	
317 MADISON AVENUE, 22 ND FL	OOR			
(City)	(State)	(Zip Cod	de)	
NEW YORK	NY	10017		
I hereby authorize the	above - named person to enga	age in lobbying activities on be	half of the undersigned.	
y a	1 11 mpot		1/24/01	
(Silina)	ture of Authorizing Officer or Person I	Represented)	(Date)	